



Electronic Claims Submission Information

Electronic claims submission methods:

- ForwardHealth Secure Portal.
- · Electronic Data Interchange transactions.
- Vendor software.
- Clearinghouse.
- Provider Electronic Solutions (PES) claims submission software.
- ForwardHealth Secure Portal.





Trading Partner Testing

Testing is required for providers who act as trading partners (including PES) and exchange electronic transactions:

- 837 Professional, Institutional, and Dental Health Care Claim.
- 270/271 Health Care Eligibility Benefit Inquiry/Response.
- 276/277 Health Care Claim Status Request/Response.
- All trading partners that have completed testing will receive a Production Authorization Letter.



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Claims Processing Changes

- Paper attachments with electronic claims or adjustments.
- Companion documents for 837 transactions.
- · Attachment control number.
- Claim Form Attachment Cover Page, F-14370.
- Electronic claim or paper attachment held up to 30 days waiting for match. If no match found, claim will deny.

Note: For electronic Medicare crossover claims, continue to use the same process as today. Do not submit a paper copy of the Medicare EOB when submitting a crossover electronically.



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Optical Character Recognition (OCR) Information for Paper Claims

Benefits:

- Increase in claims processing speed and accuracy.
- · No keying of data from paper.

Requirements:

- · Avoid handwritten claims.
- Only original claim forms (no copies of forms).
- Data must be within field, alignment requirements.
- Adhere to clarity requirements. (Update 2008-45)
- Anchor fields must be completed for 1500 Health Insurance Claim Form. (Update 2008-45)

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1500 Health Insurance Claims Form Instruction Changes

- No PA number on claims.
- Elimination of M-5 disclaimer code.
- Elimination of series billing:
 - o Accept multiple page claims.
- No longer accept up to four dates of service per detail line.
- Must be a single date of service or range dates of service.
- Performing provider is now "rendering provider."





1500 Health Insurance Claims Form Instruction Changes (cont.)

- NPI is required for:
 - o Billing provider.
 - o Rendering provider.
 - o If required, referring provider must indicate the NPI.
- Taxonomy: Required for all health care providers.
- ZIP+4 code: Required for all providers.
- Diagnosis code(s) must be valid and to the greatest specificity.
- Diagnosis codes up to eight codes.
- Element 24E Diagnosis Pointer will accept up to four diagnosis pointers per detail with no commas or spaces.
- Element 24G Days or Units will not need a decimal unless billing fractions.
- Element 31 Signature of Physician or Supplier must have a signature for all plans including Medicare crossover claims. "Signature on file" is no longer acceptable for Medicare crossovers.

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ADA 2006 Claim Form Instruction Changes

- Prior Authorization numbers are no longer required on the claim form.
- ForwardHealth has eliminated the need for the M-5 Medicare Disclaimer Code.
- Performing provider is not called "rendering" provider.
- National Provider Identifier is required for:
 - · Billing Provider.
 - Treating Provider (if different than billing provider).
- Taxonomy: Required for all providers.
- ZIP+4 code: Required for all providers.

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Good Faith Claims Changes

- Make a copy of the temporary or Express Enrollment card.
- Check enrollment in two days or call Provider Services for assistance.
- If claim is denied for enrollment EOB code, contact Provider Services for assistance.



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Resources

Providers of all programs will have many resources (both Web based and otherwise) to access information:

- · ForwardHealth implementation Updates.
- WiCall.
- Provider Services.
- Walk-in appointments.
- Written inquires can be submitted via mail or the Portal.
- Member Services.
- Professional Relations Representatives.
- Additional Provider Education.
- EDI Help Desk.
- · Contact Us on the Portal.
- Portal Helpdesk.
- Important Web Sites.

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